

INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2, “APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT”

The DD Form 1172-2 shall be used to apply for issuance of DD Forms 2 (Active, Reserve, Retired, and Reserve Retired), DD Form 1173, DD Form 1173-1, DD Form 2764, DD Form 2765, individuals eligible for a Common Access Card (CAC) who are not enrolled in DEERS, and for enrollment or update of eligible individuals into the DEERS data base. Retention and disposition of the DD Form 1172-2 shall be in accordance with uniformed services' regulatory instructions.

Note:

- DoD Sponsors enrolling their dependents in DEERS should complete Sections I, II, and IV.
- DoD Sponsors updating their own status or adding a personnel condition impacting benefits (e.g., overseas assignment) should complete Sections I and II.
- Eligible employees applying for a CAC should complete Sections I and II (and Section IV if a Foreign Affiliate on orders to the U.S. with authorized Dependents). The DD Form 1172-2 should then be provided to a DoD Sponsor for authorization and completion of Section III.
- DoD Sponsors authorizing a CAC for an employee should complete Section III.
- For certain populations a paper form will not be required. (Populations entered into RAPIDS via Contractor Verification System)
- For CAC applicants using a paper form, a DD Form 577 (Signature card) must be on file at the issuing site.

SECTION I – SPONSOR/EMPLOYEE INFORMATION.

Block 1. Name. Enter the sponsor/employee's LAST name first, enter the FIRST name, and then enter the MIDDLE INITIAL or the full MIDDLE NAME. (Use no more than 51 characters.) The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 2. Gender. Enter the sponsor/employee's gender from the valid codes listed in Table 1: (Use one character.)

Table 1. DD Form 1172-2 Block 2. Gender

CODE.	SEX
M	Male
F	Female

Block 3. Social Security Number (SSN) or DoD ID Number. Enter the sponsor/employees' SSN or DoD ID Number. In cases where an employee has not been issued an SSN or DoD ID Number, an ITIN can be provided. If neither number is available, a Foreign Identification Number (FIN) will be generated by the system. A FIN (assigned as 900-00-0000F and up) will be assigned and automatically generated for eligible foreign military and foreign nationals who do not have an SSN. A SSN or ITIN is the preferred identifier for initial enrollment. Only in cases where neither is available should an alternate be used.

For Verifying Officials: If a SSN or DoD ID Number is already registered in DEERS for another individual, STOP processing and verify the number. If verification confirms duplication of the SSN by the Social Security Administration, continue processing and the system shall automatically generate a duplicate control number for the additional sponsor.

Block 4. Status. Enter the sponsor/employee status from the valid codes listed in Table 2. If unsure of status, leave blank. (Use no more than six characters.)

Table 2. DD Form 1172-2 Block 4. Status

CODE	STATUS
ACADMY	Academy or Navy Officer Candidate School (OCS) Student
AD	Active duty (excluding Guard and Reserve on extended active duty for more than 30 days)
AD-DEC	Active duty deceased
CIV	Civilian
CONTR	Contractor
DAVDEC	100-percent disabled veteran deceased (either temporary (TMP) or permanent (PRM))
DAVPRM	100-percent disabled veteran, permanent disability
DAVTMP	100-percent disabled veteran, temporary disability
FP	Foreign military personnel
FMRMR	Former member who is in receipt of retired pay for non-regular service but who has been discharged from the Service and maintains no military affiliation
FMRDEC	A former member who qualified for retired pay for non-regular service at his or her sixtieth birthday, before his or her discharge from the Service, but died while in receipt of retired pay
GRD	National Guard (all categories)
GRDDEC	National Guard deceased
GRD-AD	Guard on extended active duty for more than 30 days
MH	Medal of Honor recipient
MH-DEC	Medal of Honor recipient deceased
OTHER	Non-DoD eligible beneficiaries (including credit union employees, and other civilians employed in support of U.S. forces overseas, who are authorized benefits and privileges)
PDRL	Retired member, on the Permanent Disability Retired List (PDRL)
PR-APL	Prisoner or Appellate leave
RCL-AD	Recalled to active duty

RES	Reserve (all categories)
RES-AD	National Guard and Reserve members who retire, but are not entitled to retired pay until age 60
RESDEC	Reserve deceased
RESRET	National Guard and Reserve members who retire, but are not entitled to retired pay until age 60
RET	Retired member entitled to retired pay
RETDEC	Deceased retired member entitled to retired pay. Code applies to active duty retired, Retired Reserve beginning on their 60th birthday, the TDRL, and the PDRL.
SSB	Special Separation Benefits (SSB) recipient member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
TDRL	Retired member, on the TDRL
TA-RES	Selected Reserve Transition Assistance Management Program members and their eligible dependents
TA-30	Involuntarily separated member of Reserve or Guard Component entitled to 30 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-60	Involuntarily separated member with 60 days medical benefits (CHAMPUS/TRICARE and MTF)
TA-120	Involuntarily separated member with 120 days medical benefits (CHAMPUS/TRICARE and MTF)
VSI	Voluntary Separation Incentive (VSI) recipient with 120 days medical benefits (CHAMPUS/TRICARE and MTF)

Block 5. Organization. Enter the sponsor/employee's organization or branch or service from the valid codes listed in Table 3. (Use no more than five characters.)

Table 3. DD Form 1172-2 Block 5. Organization

CODE	ORGANIZATION
USA	U.S. Army
USAF	U.S. Air Force
USN	U.S. Navy
USMC	U.S. Marine Corps
USCG	U.S. Coast Guard
USPHS	U.S. Public Health Service
NOAA	National Oceanic and Atmospheric Administration
DoD	Department of Defense
FED	Employee of an Agency other than DoD
OTHER	Used when the sponsor is not affiliated with one of the uniformed services listed above

Block 6. Pay Grade. Enter the sponsor/employee pay grade from the valid codes listed in Table 4. (Use no more than four characters.)

Table 4. DD Form 1172-2 Block 6. Pay Grade

CODE	BRANCH OF SERVICE
E1-E9	Enlisted pay grades 1 through 9
W1-W5	Warrant officer pay grades 1 through 5
STDT	Academy and/or Navy OCS student (ENTER PAY GRADE IF STDT RECEIVING PAY)
001-011	Officer pay grades 1 through 11 (011 is reserved)

GS01-GS18	Federal employees with General Schedule pay grades
NF1-NF6	Federal employees with Nonappropriated Fund pay grades
OTHER	Other (non-uniformed service) pay grades not defined above to include all contractors
N/A	Not applicable. Use this code with the Block 4 status codes of "FMRMR" or FMRDEC"

Block 7. GEN CAT (Geneva Convention Category). N/A. This block is automatically generated by DEERS/RAPIDS with the valid codes listed in Table 5.

Table 5. DD Form 1172-2 Block 7. GEN CAT

CODE	GEN CAT
I	Category I (pay grades E1 through E4)
II	Category II (pay grades E5 through E9)
III	Category III (pay grades W1 through 003 and/or Cadets and/or Midshipmen)
IV	Category IV (pay grades 004 through 006)
V	Category V (pay grades 007 through 011)
N/A	Not applicable (non-protected personnel)

Block 8. Citizenship. Enter the sponsor/employee's appropriate country of citizenship. (Use two characters.)

Table 6. DD Form 1172-2 Block 8. Citizenship

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE
Afghanistan	AF	Germany	GM	Nigeria	NI
Albania	AL	Ghana	GH	Niue	NE
Algeria	AG	Gibraltar	GI	Norfolk Island	NF
America Samoa	AQ	Glorioiso Islands	GO	Northern Mariana Islands	CQ
Andorra	AN	Greece	GR	Norway	NO
Angola	AO	Greenland	GL	Oman	MU
Anguilla	AV	Grenada	GJ	Pakistan	PK
Antarctica	AY	Guadeloupe	GP	Palmyra Atoll	LQ
Antigua and Barbuda	AC	Guam	GQ	Panama	PM
Argentina	AR	Guatemala	GT	Papua New Guinea	PP
Armenia	AM	Guernsey	GK	Paracel Islands	PF
Aruba	AA	Guinea	GV	Paraguay	PA
Ashmore and Cartier Islands	AT	Guinea-Bissau	PU	Peru	PE
Australia	AS	Guyana	GY	Philippines	RP
Austria	AU	Haiti	HA	Pitcairn Islands	PC
Azerbaijan	AJ	Heard Island and McDonald Islands	HM	Poland	PL
Bahamas, The	BF	Honduras	HO	Portugal	PO
Bahrain	BA	Hong Kong	HK	Puerto Rico	RQ

Baker Island	FQ	Howland Island	HQ	Qatar	QA
Bangladesh	BG	Hungary	HU	Reunion	RE
Barbados	BB	Iceland	IC	Romania	RO
Bassas Da India	BS	India	IN	Russia	RS
Belarus	BO	Indonesia	ID	Rwanda	RW
Belgium	BE	Iran	IR	St. Kitts and Nevis	SC
Belize	BH	Iraq	IZ	St. Helena	SH
Benin	BN	Ireland	EI	St. Lucia	ST
Bermuda	BD	Israel	IS	St. Pierre and Miquelon	SB
Bhutan	BT	Italy	IT	St. Vincent and the Grenadines	VC
Bolivia	BL	Ivory Coast	IV	San Marino	SM
Bosnia and Herzegovina	BO	Jamaica	JM	Sao Tome and Principe	TP
Botswana	BC	Jan Mayen	JN	Saudi Arabia	SA
Bouvet Island	BV	Japan	JA	Senegal	SG
Brazil	BR	Jarvis Island	DQ	Serbia	SR
British Indian Ocean Territory	IO	Jersey	JE	Seychelles	SE
British Virgin Islands	VI	Johnston Atoll	JQ	Sierra Leone	SL
Brunei	BX	Jordan	JO	Singapore	SN
Bulgaria	BU	Juan De Nova Island	JU	Slovakia	LO
Burkina	UV	Kazakhstan	KZ	Slovenia	SI
Burma	BM	Kenya	KE	Solomon Islands	BP
Burundi	BY	Kingman Reef	KQ	Somalia	SO
Cambodia	CB	Kiribati	KR	South Africa	SF
Cameroon	CM	Korea, Democratic	KN	South Georgia and the South Sandwich Islands	SX
Canada	CA	Korea, Republic of	KS	Spain	SP
Cape Verde	CV	Kuwait	KU	Spratly Islands	PG
Cayman Islands	CJ	Kyrgyzstan	KG	Sri Lanka	CE
Central African Republic	CT	Laos	LA	Sudan	SU
Chad	CD	Latvia	LG	Surinam	NS
Chile	CI	Lebanon	LE	Svalbard	SV
China	CH	Lesotho	LT	Swaziland	WZ
Christmas Island	KT	Liberia	LI	Sweden	SW
Clipperton Islands	IP	Libya	LY	Switzerland	SZ
Cocos (Keeling) Islands	CK	Liechtenstein	LS	Syria	SY
Colombia	CO	Lithuania	LH	Taiwan	TW
Comoros	CN	Luxembourg	LU	Tajikstan	TI
Cook Islands	CW	Macau	MC	Tanzania	TZ
Coral Sea Islands	CR	Macedonia	MK	Thailand	TH
Costa Rica	CS	Madagascar	MA	Togo	TO
Cote Dtvoire	IV	Malawi	MI	Tokelau	TL
Croatia	HR	Malaysia	MY	Tonga	TN
Cuba	CU	Maldives	MV	Trinidad and Tobago	TD
Cyprus	CY	Mali	ML	Tromelin Island	TE
Czech Republic	EZ	Malta	MT	Trust Territory of the Pacific Islands (Palau)	PS
Denmark	DA	Man, Isle of	IM	Tunisia	TS
Djibouti	DJ	Marshall Islands	RM	Turkey	TU

Dominica	DO	Martinique	MB	Turkmenistan	TX
Dominican Republic	DR	Mauritania	MR	Turks and Caicos Islands	TK
Ecuador	EC	Mauritius	MP	Tuvalu	TV
Egypt	EG	Mayotte	MF	Uganda	UG
El Salvador	ES	Mexico	MX	Ukraine	UP
Equatorial Guinea	EK	Midway Islands	MQ	United Arab Emirates	TC
Eritrea	ER	Moldova	MD	United Kingdom	UK
Estonia	EN	Monaco	MN	United States	US
Ethiopia	ET	Mongolia	MG	Uruguay	UY
Europa Island	EU	Montenegro	MW	Uzbekistan	UZ
Falkland Islands (Islas Malvinas)	FK	Montserrat	MH	Vanuatu	NH
Faroe Islands	FO	Morocco	MO	Vatican City	VT
Federated States of Micronesia	FM	Mozambique	MZ	Venezuela	VE
Fiji	FJ	Namibia	WA	Vietnam	VM
Finland	FI	Nauru	NR	Virgin Islands	VQ
France	FR	Navassa Island	BQ	Wake Island	WQ
French Guiana	FG	Nepal	NP	Wallis and Futuna	WF
French Polynesia	FP	Netherlands	NL	West Bank	WE
French Southern and Antarctic Lands	FS	Netherlands Antilles	NA	Western Sahara	WI
Gabon	GB	New Caledonia	NC	Western Samoa	WS
Gambia, The	GA	New Zealand	NZ	Yemen (Aden)	YM
Gaza Strip	GZ	Nicaragua	NU	Zambia	ZA
Georgia	GG	Niger	NG	Zimbabwe	ZI

Block 9. Date of Birth. Enter the sponsor/employee's date of birth in four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD). (Use nine characters.)

Block 10. Place of Birth. Enter the sponsor/employee's place of birth (City, State, and Country, if outside the United States). Use State abbreviations provided in Table 7. If place of birth is a foreign country, use the appropriate abbreviation from Table 6.

Table 7. DD Form 1172-2 Block 10. Place of Birth

STATE	CODE	STATE	CODE	STATE	CODE
Europe & Canada	AE	Kansas	KS	Ohio	OH
Alabama	AL	Kentucky	KY	Oklahoma	OK
Pacific	AP	Louisiana	LA	Oregon	OR
Alaska	AK	Maine	ME	Pennsylvania	PA
American Samoa	AS	Maryland	MD	Puerto Rico	PR
Arizona	AZ	Massachusetts	MA	Rhode Island	RI
Arkansas	AR	Michigan	MI	South and Central America	AA
California	CA	Minnesota	MN	South Carolina	SC
Colorado	CO	Mississippi	MS	South Dakota	SD
Connecticut	CT	Missouri	MO	Tennessee	TN
Delaware	DE	Montana	MT	Federated States of Marshall Islands, Palau	TT
District of	DC	Nebraska	NE	Texas	TX

Columbia					
Florida	FL	Nevada	NV	Utah	UT
Georgia	GA	New Hampshire	NH	Vermont	VT
Guam	GU	New Jersey	NJ	Virginia	VA
Hawaii	HI	New Mexico	NM	Virgin Islands	VI
Idaho	ID	New York	NY	Washington	WA
Illinois	IL	North Carolina	NC	West Virginia	WV
Indiana	IN	North Dakota	ND	Wisconsin	WI
Iowa	IA	Ohio	OH	Wyoming	WY

Block 11. Current Home Address. Enter the number and street of the sponsor/employee's current residence address. If sponsor is deceased or if address is unknown, leave blank. (Use no more than 27 characters.)

Block 12. City. Enter the sponsor/employee's current city of residence. If the sponsor's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO. If the sponsor is deceased or city is unknown, leave blank. (Use no more than 18 characters.)

Block 13. State. Enter the correct U.S. postal code for the State of the sponsor/employee's residence from the valid codes listed in Table 7. If the sponsor's address is an APO or FPO, enter the correct APO or FPO State. If the sponsor lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." (Use two characters.) If the sponsor is deceased or if State is unknown, leave blank.

Block 14. ZIP Code. Enter the correct nine-digit ZIP Code of the sponsor's current residence address in the following format: "123456789." If the last four digits are unknown, enter four zeros (0000); e.g., "123450000." If the sponsor does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number. If the sponsor is deceased or if ZIP Code is unknown, leave blank. (Use no more than nine characters.)

Block 15. Country. Enter the employee's correct country of residence from the valid abbreviations listed in Table 6. If the sponsor/employee's address is an APO or FPO, the country must be "US" (use two characters). If country is unknown, leave blank.

Block 16. Primary e-mail address. Enter the sponsor/employee's office/work e-mail address as applicable. This block may be left blank.

Block 17. Telephone Number. Enter the sponsor's current residence, duty, or business telephone number beginning with the area code. Do not use punctuation to separate area code, prefix, and basic number. This block may be left blank. (Use no more than 10 characters.)

Block 18. City of Duty Location. Enter the city of the sponsor/employee's duty location.

Block 19. State of Duty Location. Enter the correct U.S. postal code for the State of the sponsor/employee's duty location from the valid codes listed in Table 7. If the sponsor's address is an APO or FPO, enter the correct APO or FPO State. If the sponsor lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." (Use two characters.) If the sponsor is deceased or if State is unknown, leave blank.

Block 20. Country of Duty Location. Enter the correct Country of the sponsor/employee's duty location from the valid codes listed in Table 6 (use two characters.) If the country is not listed, leave blank.

SECTION II – SPONSOR/EMPLOYEE DECLARATION AND REMARKS.

Block 21. Remarks. Enter the method of verification and further explanation of qualifying status, such as SF 52, sponsoring agency, and period of DEERS enrollment. Indicate other appropriate comments, such as particular work assignment. This section may be left blank, or prepopulated by the Verifying Official.

Block 22. Sponsor/Employee Signature. Block must contain the sponsor/employee's signature, with the following exceptions:

1. Unremarried or Unmarried former spouses shall sign for themselves.
2. When the sponsor is deceased the survivors shall sign for themselves.
3. When the sponsor is unavailable for signature, the verifying official shall ensure that the dependency between the sponsor and family member exists. Verifying official shall follow the guidance provided in the applicable Uniformed Service regulation.

When the DD Form 1172-2 is not signed in the presence of the authorizing or verifying official, the signature must be notarized. The notary seal and signature should be placed in the right margin of Block 21, above.

Block 23. Date Signed. Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD) that block 22 was signed on the DD Form 1172-2.

SECTION III – AUTHORIZED BY (DoD CAC Sponsors Only).

Block 24. Sponsoring Office Name. Enter the name of the organization the employee works for or is assigned to.

Block 25. Contract Number. Enter the contract number for the purposes of entry into the Contractor Verification System (CVS).

Block 26. Sponsoring Office Address. Enter the number and street, city, state, zip code, and country code (see Table 6 for country codes) of the employee's sponsoring office address.

Block 27. Sponsoring Office Telephone Number. Enter the sponsoring office telephone number beginning with the area code. Do not use punctuation to separate area code, prefix, and basic number. (Use no more than 14 characters.)

Block 28. Office Email Address. Enter the sponsor's office e-mail address as applicable..

Block 29. Overseas Assignment. Enter the employee's country of assignment from the valid list of abbreviations in Table 6.

Block 30. Overseas Assignment Begin Date. Enter the appropriate employee's effective begin date four-digit year, three alpha-character month, and two-digit day format (YYYYMMMD) for their overseas assignment. Obtain this information from the employee's personnel documents authorizing their employment overseas.

Block 31. Overseas Assignment End Date. Enter the appropriate employee's effective end date four-digit year, three alpha-character month, and two-digit day format (YYYYMMMD) of their overseas assignment. The period of employment may be obtained from the employee's orders authorizing their employment overseas.

Block 32. Eligibility Effective Date. Enter the date four digit year, three alpha-character month, and two-digit day format (YYYYMMMD) the employee's qualifying status began.

Block 33. Eligibility Expiration Date. Enter the appropriate employee effective end date, not to exceed three years. Use four-digit year, three alpha-character month, and two-digit day format (YYYYMMMD).

Block 34. Sponsoring Official Name. Enter the name of the sponsoring official. (Use no more than 51 characters.)

Block 35. Unit/Organization Name. Enter the unit and/or command name for the sponsoring official. (Use no more than 26 characters.)

Block 36. Title. Enter the sponsoring official's title. (Use no more than 24 characters.)

Block 37. Pay Grade. Enter the pay grade of the sponsoring official (Use no more than four characters.)

Block 38. Signature. The sponsoring official must sign in that block. The DoD sponsoring official shall be a uniformed service member, or civilian employee working for the sponsoring civilian organization.

Block 39. Date Verified. Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMMD) that block 38 was signed on the DD Form 1172-2.

SECTION IV – DEPENDENT INFORMATION

Section A (Block 40-51)

Block 40. Name. Enter the dependent's LAST name first, enter the FIRST name, and then enter the MIDDLE INITIAL or the full MIDDLE NAME. (Use no more than 51 characters.) The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 41. Gender. Enter the dependent's gender from the valid codes listed in Table 1 (Use one character.)

Block 42. Date of Birth. Enter the dependent's date of birth in four-digit year, three alpha character month, and two-digit day format (YYYYMMMD).

Block 43. Relationship. Enter the correct abbreviation to show the dependent's relationship to the sponsor from the valid abbreviations listed in Table 9.

Table 9. DD Form 1172 Block 43. Relationship

CODE	RELATIONSHIP STATUS
CH	Child
SC	Stepchild
URW	Unremarried Widow(er)
UMW	Unmarried Widow(er)
PL	Parent-in-law
SPL	Stepparent-in-law
PAR	Parent
STP	Stepparent
SP	Spouse
WARD	Legal Ward
DB	Designated Beneficiary
DP	Domestic Partner

Block 44. SSN or DoD ID No. Enter the dependent's SSN, DoD ID number, ITIN or temporary identification number (TIN). A TIN will automatically be assigned and automatically generated by RAPIDS for categories of beneficiaries who do not yet have SSNs, such as newborns and foreign spouses, awaiting a SSN, or for those who do not have and are not eligible for a SSN. Medical benefits may be suspended if a SSN is not provided within 270 days. For initial enrollment a SSN, ITIN or TIN is preferred, and an alternate should not be used unless the SSN, ITIN or TIN is unavailable.

Block 45. Current Home Address. Enter the number and street of the dependent's current residence address.

Block 46. City. Enter the dependent's current city of residence. If the dependent's address is an Army Post Office (APO) or a Fleet Post Office (FPO), enter the designation APO or FPO.

Block 47. State. Enter the correct U.S. postal code for the State of the dependent's residence from the valid codes listed in for block 10.

Block 48. Zip Code. Enter the correct nine-digit ZIP Code of the dependent's current residence address in the following format: "123456789." If the last four digits are unknown, enter four zeros (0000); e.g., "123450000." If the dependent does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP Code, or APO or FPO number.

Block 49. Country. Enter the dependent's correct country of residence from the valid abbreviations listed in the instructions for Block 8. If the dependent's address is an APO or FPO, the country must be "US" (use two characters). If country is unknown, leave blank.

Block 50. Eligibility Effective Date. Enter the date four digit year, three alpha-character month, and two-digit day format (YYYYMMMDD) the dependent's qualifying status began.

Block 51. Eligibility Expiration Date. Leave blank

Sections B. Enter information following the instructions of Section A.

SECTION V

Block 64. Signature. Recipient must sign in that block. If the recipient is incapable of signing, the condition must be indicated in that block.

Block 65. Date Issued. Enter the date four-digit year, three alpha-character month, and two-digit day format (YYYYMMMDD) of recipient's acknowledgment. (Use nine characters.)